

Northern District of Ohio

Civil Action No. 1:24-cv-01657



Civil Action No. 1:24-cv-01657

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____ .

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT

for the

Northern District of Ohio

American Association of Nurse Anesthesiology,

Plaintiff(s)

v.

Xavier Becerra, in his official capacity as the
Secretary of the U.S. Dept. of Health and Human
Services; United States Department of Health and
Human Services,

Defendant(s)

Civil Action No. 1:24-cv-01657

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

U.S. Department of Health and Human Services
c/o Xavier Becerra
200 Independence Ave. SW
Washington, District of Columbia 20201

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Mark J. Silberman, Christopher T. Grohman
Benesch Friedlander Coplan & Aronoff
71 S. Wacker Drive, Suite 1600
Chicago, IL 60606

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

9/27/2024

Date: _____



SANDY OPACICH, CLERK OF COURT

s/ A. Faluski

Signature of Clerk or Deputy Clerk

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Date: _____

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Northern District of Ohio

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Signature of Clerk or Deputy Clerk

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Northern District of Ohio

American Association of Nurse Anesthesiology,

Plaintiff(s)

V.

Xavier Becerra, in his official capacity as the Secretary of the U.S. Dept. of Health and Human Services; United States Department of Health and Human Services,

Defendant(s)

Civil Action No. 1:24-cv-01657

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* U.S. Attorney Rebecca C. Lutzko
801 W. Superior Ave #400
Cleveland, OH 44113

A lawsuit has been filed against you.

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Mark J. Silberman, Christopher T. Grohman
Benesch Friedlander Coplan & Aronoff
71 S. Wacker Drive, Suite 1600
Chicago, IL 60606

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SANDY OPACICH, CLERK OF COURT

s/ A. Faluski

Signature of Clerk or Deputy Clerk

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